



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov

APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/024,471	12/21/2001	Kondo	01-246

CONFIRMATION NO. 4337

FORMALITIES LETTER



OC00000007524762

23400
LAW OFFICE OF DAVID G POSZ
2000 L STREET, N.W.
SUITE 200
WASHINGTON, DC 20036

Date Mailed: 02/25/2002

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.
Applicant must submit \$ 740 to complete the basic filing fee for a non-small entity. If appropriate, applicant may make a written assertion of entitlement to small entity status and pay the small entity filing fee (37 CFR 1.27).
- Total additional claim fee(s) for this application is \$390.
 - \$54 for 3 total claims over 20.
 - \$336 for 4 independent claims over 3 .
- The oath or declaration is missing.
A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(l) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.
- The balance due by applicant is \$ 1260.

*A copy of this notice **MUST** be returned with the reply.*

Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

03/08/2002 JAD001 00000077 10024471
01 FC:101
02 FC:102
03 FC:103
04 FC:105
740.00
336.00
54.00
130.00

PATENT OFFICE 86
MAR 05 2002

HH

Director

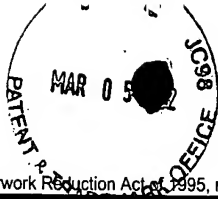
This Form Based on PTO/SB/21

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/024,471
	Filing Date	December 21, 2001
	First Named Inventor	KONDO et al.
	Group Art Unit	1765
	Examiner Name	
		Attorney Docket Number 01-246

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request of Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 2px;">Declaration and Power of Attorney</div> <div style="border: 1px solid black; height: 20px; margin-top: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 2px;"></div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Law Offices of David G. Posz
Signature	<i>Charles W. Bethards</i>
Date	March 5, 2002

CERTIFICATE OF HAND DELIVERY			
I hereby certify that this correspondence is being hand delivered to and deposited with the Office of Initial Patent Examination at the United States Patent Office on the date indicated below and is addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231			
Type or printed name	Charles W. Bethards		
Signature	<i>Charles W. Bethards</i>	Date	March 5, 2002



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2002 <i>Patent fees are subject to annual revision.</i>		Complete if Known		
		Application Number	10/024,471	
		Filing Date	December 21, 2001	
		First Named Inventor	KONDO et al.	
		Examiner Name		
		Group/Art Unit	1765	
TOTAL AMOUNT OF PAYMENT (\$)		1300	Attorney Docket No.	01-246

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																																													
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: 50-1147 Deposit Account Name: LAW OFFICES OF DAVID G. POSZ <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17		3. ADDITIONAL FEES																																													
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other																																															
FEE CALCULATION																																															
1. BASIC FILING FEE																																															
<table border="1"><thead><tr><th>Large Entity Fee Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Fee Code</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td>740</td></tr><tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr><tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr><tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td></td></tr><tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5">SUBTOTAL (1)</td><td>(\$)</td></tr></tbody></table>		Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid	101	740	201	370	Utility filing fee	740	106	330	206	165	Design filing fee		107	510	207	255	Plant filing fee		108	740	208	370	Reissue filing fee		114	160	214	80	Provisional filing fee		SUBTOTAL (1)					(\$)				
Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid																																										
101	740	201	370	Utility filing fee	740																																										
106	330	206	165	Design filing fee																																											
107	510	207	255	Plant filing fee																																											
108	740	208	370	Reissue filing fee																																											
114	160	214	80	Provisional filing fee																																											
SUBTOTAL (1)					(\$)																																										
2. EXTRA CLAIM FEES																																															
<table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from Below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>23</td><td>-20**= 3</td><td>18</td><td>54</td></tr><tr><td>7</td><td>-3**= 4</td><td>84</td><td>336</td></tr><tr><td colspan="3">Multiple Dependent</td><td></td></tr></tbody></table>		Total Claims	Extra Claims	Fee from Below	Fee Paid	23	-20**= 3	18	54	7	-3**= 4	84	336	Multiple Dependent																																	
Total Claims	Extra Claims	Fee from Below	Fee Paid																																												
23	-20**= 3	18	54																																												
7	-3**= 4	84	336																																												
Multiple Dependent																																															
**or number previously paid, if greater; For Reissues, see below																																															
<table border="1"><thead><tr><th>Large Entity Fee Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Fee Code</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>109</td><td>84</td><td>209</td><td>42</td><td>**Reissue independent claims over original patent</td><td></td></tr><tr><td>110</td><td>18</td><td>210</td><td>9</td><td>**Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="5">SUBTOTAL (2)</td><td>(\$)</td></tr></tbody></table>		Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid	103	18	203	9	Claims in excess of 20		102	84	202	42	Independent claims in excess of 3		104	280	204	140	Multiple dependent claim, if not paid		109	84	209	42	**Reissue independent claims over original patent		110	18	210	9	**Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)					(\$)				
Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid																																										
103	18	203	9	Claims in excess of 20																																											
102	84	202	42	Independent claims in excess of 3																																											
104	280	204	140	Multiple dependent claim, if not paid																																											
109	84	209	42	**Reissue independent claims over original patent																																											
110	18	210	9	**Reissue claims in excess of 20 and over original patent																																											
SUBTOTAL (2)					(\$)																																										
		*Reduced by Basic Filing Fee Paid																																													
		SUBTOTAL (3) (\$)																																													

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	CHARLES W. BETHARDS	Registration No. (Attorney/Agent)	36,453
Signature	<i>Charles W. Bethards</i>	Telephone	(202) 416-1638
		Date	Mar 5, 2002

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): KONDO et al.

Serial No.: 10/024,471

Filed: December 21, 2001

Title: METHOD AND APPARATUS FOR
PRODUCING SINGLE CRYSTAL,
SUBSTRATE FOR GROWING SINGLE
CRYSTAL AND METHOD FOR HEATING
SINGLE CRYSTAL

Atty. Dkt.: 01-246

Group Art Unit: 1765

Examiner: Unknown

Assistant Commissioner for Patents
Washington, D.C. 20231

Date: March 5, 2002

CERTIFICATE OF HAND DELIVERY

I hereby certify that this correspondence is being hand delivered to and deposited with the USPTO at the Customer Service Window, Office of Initial Patent Examination, Crystal Plaza Building 2, Room 1B03, 2011 South Clark Place, Arlington, VA 22202 on March 5, 2002.

Typed Name: CHARLES W. BETHARDS

Signature: 

RESPONSE TO NOTICE TO FILE MISSING PARTS OF APPLICATION

Assistant Commissioner for Patents
Washington, D.C. 20231
Attention: Box Missing Parts

Sir:


This is in response to a Notice to File Missing Parts of Nonprovisional Application mailed on February 25, 2002 in connection with the above application. Enclosed is a copy of said Notice, as well as the following documents and fees required to complete the filing requirements of the above application.

- Executed Declaration and Power of Attorney. The above-identified application is the same application the inventors executed by signing the enclosed declaration
- Executed Assignment and Recordation Cover Sheet
- A check in the amount of \$1300 to cover the following fees:
 - Statutory filing fee of \$740;
 - 3 additional total claims over 20 of \$54;
 - 4 additional independent claim over 3 of \$336;
 - Assignment Recordation Fee of \$40; and
 - Missing parts surcharge of \$130.

It is respectfully requested that any additional fees be charged to Deposit Account 50-1147.

Law Offices of David G. Posz
2000 L Street, N.W.,
Suite 200
Washington, D.C. 20036
(202) 416-1638

Respectfully submitted,



Charles W. Bethards
Reg. No. 36,453
Customer No. 23400